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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 5074A-000013/US/REA
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Michel Scriban, Joel Henrion, Jean Francois Uhl, Jean-Baptiste Thiebaut		
Patent Number 5,868,675	February 9, 1999	
Title of Invention INTERACTIVE SYSTEM FOR LOCATION INTERVENTION INSIDE A NONHOMOGENEOUS STRUCTURE		
1. ⊠ Filed herein is a certificate under 37 CFR 3.73(b). (Form PTO/SB/96)		
Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.		
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".		
The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.		
The assignee owning an undivided interest in said original patent is <u>Meditonic</u> , <u>Inc.</u> and the assignee consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Medtronic, Inc.		
Signatures (Sh.72)	Date 4 June	2012
Typed or printed name and title of person signing for assignee (if assigned)		
Name: JOHN F. THOMPSETITIE: of Meditronic, Inc.		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take for minutes to complete, including gaineting, preparagin, and submitting the completed application from the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this butter, should be set to the Chief Information Officer. U.S. Patient and Tadedmark (Office, U.S. Department of Commence. P.O. Box. 1450, Alexandria, VA 22313-1450. Do NOT 65R/D FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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